Do not use this space.

8526

1. PLACE OF DEATH

County *Washington* 2

Township *Union* Registration District No. *887*

Primary Registration District No. *6182*

City ___ (No. ___)

File No. ___

Registered No. ___

St. ___ Ward.

2. FULL NAME *630 Corine Courtiway.*

(a) Residence, No. ___ St. ___ Ward.
(Usual place of abode)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female*

4. COLOR OR RACE *White*

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Widowed,*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Charles Courtiway,*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *9-8-1860*

7. AGE YEARS *79.* MONTHS *2* DAYS *22* If LESS than 1 day, ___ hrs. or ___ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Housewife.*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Richwood Mo.*

FATHER

13. NAME *Unknown*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Unknown*

MOTHER

15. MAIDEN NAME *Unknown.*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Unknown*

17. INFORMANT *Dave Courtiway* (ADDRESS) *De Soto Mo.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *De Soto Mo.* DATE *12/3-* 19 *39*

19. UNDERTAKER *S. B. Dietrich* (ADDRESS) *De Soto Mo.*

20. FILED *Jan 1* 19 *4* *G.F. Creourl* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *11-30*, 19 *39*

22. I HEREBY CERTIFY, That I attended deceased from *11-30*, 1939, to *11-30*, 1939

I last saw her alive on *11-30*, 1939. Death is said to have occurred on the date stated above, at *10.* A. m.

The principal cause of death and related causes of importance were as follows: Date of onset

Apoplexy

Other contributory causes of importance:

Name of operation ___ Date of ___

What test confirmed diagnosis? ___ Was there an autopsy? ___

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ___ Date of injury ___, 19 ___

Where did injury occur? ___
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ___

Manner of injury ___

Nature of injury ___

24. Was disease or injury in any way related to occupation of deceased? ___

If so, specify ___

(Signed) *Joseph L. Thurman* , M. D.

(Address) *Potosi, Mo.*